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FERTILITY LEVELS, PATTERNS, DIFFERENCE AND TRENDS IN SOME AFRICAN COUNTRIES

Inrroduction

This study corresponds to programme element 2.1 (i) of the Population Division for the 1988-1989 fiscal year which requested the Division to submit a report on fertility levels, structure, trends and determinants to the Fifth Joint Conference of African Planners, Statisticians and Demographers.

Two international research programmes on human fertility have so far provided reliable data on the levels, structures and trends of fertility in Africa. They are the World Fertility Survey (WFS) which has now been completed and which covered 13 African countries during the period 1977-1982 and the Contraceptive Prevalence Survey (CPS) of Westinghouse Public Applied Systems which is ongoing and for which analysis reports of three countries are currently available 1/. In addition to these 16 countries, the results of Rwanda's 1983 fertility survey are also available.

Thirteen African countries were programmed by Westinghouse Health Systems under its Contraceptive Prevalence Survey Project; the analysis report of the survey of three of them : Botswana, Zaïre and Zimbabwe are available.

On the strength of these data, it can be affirmed that Africa is the world's region with the highest level of fertility. Such fertility levels seem to be the outcome of a combination of several factors such as low levels of economic and social development, cultural, religious and political problems that arise when population issues have to be discussed and the small number of institutions capable of handling such problems. The recent and probable development of fertility does not appear to indicate a clear cut downward trend except in a few countries where fertility is thought to have decreased partly as a result of family planning programmes. It is possible that fertility could stabilize at relatively high levels in many countries while it will probably increase in others.

The points developed in this document will deal with fertility levels, structures, trends and determinants in Africa. Most of the findings presented are derived from studies carried out by the ECA Population Division as part of the analysis of data from the World Fertility Survey.

1. Fertility levels

According to United Nations estimates, women of child-bearing age (15 to 49 years) accounted in 1985 for 45 per cent of the continent's total female population 2/. The same estimates indicate that regardless of the fertility index used, African women are always among the most fertile.

1/The World Fertility Survey carried out by the International Statistical Institute in collaboration with the United Nations and the International Union for the Scientific Study of Population (IUSSP) covered the following 13 African countries: Benin, Cameroon, Côte d'Ivoire, Egypt, Ghana, Kenya, Lesotho, Morocco, Mauritania, Nigeria, Senegal, the Sudan and Tunisia.

2/ United Nations, World Population Prospects, estimates and projections as assessed in 1984, New York, 1986.

Africa thus has the highest levels of fertility in comparison with other regions of the world if fertility is expressed in terms of crude birth rates, crude reproduction rates or net reproduction rates. The values of these indexes are much higher in Africa where they have respectively been estimated at 45 per 1000, 3.06 and 2.29 for the 1985-1990 period. In comparison, the crude birth rate was estimated for the same period at 25 per 1000 and 30 per 1000 for Asia and Latin America respectively.

The total fertility rate is, however, one of the most common measures of fertility; it indicates the average number of children that a woman could give birth to if she lived until she was 50 years old and if fertility rates per age remained constant. For the 1985-1990 period, the total fertility rate was estimated at 3.28 for the whole world, 1.97 for the more developed regions, 3.69 for all less developed regions, 3.73 for the Americas and 3.14 for Asia. The value of 6.22 estimated for Africa for the same period is well above these averages and means that fertility levels are about 3 times higher in Africa than the rate of 2.2 required to renew any population.

For the different regions of Africa, the same estimates indicate that fertility is considerably higher in West, East and Central Africa where the total fertility rate is estimated respectively at 6.86, 6.22 and 6.03 while it is only about 5 in North Africa and southern Africa.

2. Fertility structure

Table A1 in the annex shows age-specific fertility rates generated by the African surveys of WFS and CPS. These rates which indicate the structure of fertility are closely dependent on age and nuptiality characteristics.

The fertility structure by age-groups is generally speaking characterized by a wide spread of births over the entire period of reproduction. The fertility rates, however, grow very quickly after the 15-19 year age group until the 25-29 year and decrease gradually thereafter; but fertility still remains high even after 40.

On the other hand, the structure observed in the industrialized countries in characterized by a greater concentration of births particularly among women in the 20 to 34 year age bracket. The fertility rates by age show that fertility is much later in these countries and that considerable contraception to prevent child bearing is practised while such contraception is virtually non-existent in African countries.

It has also been observed that the most fertile African women are those in the 20-29 year age bracket and often the 25-29 age bracket. The results of the WFS indicate, however, that women of the same age group (20-29) are still the most fertile in the other regions of the world.

Table A2 in the annex shows the contribution of the various age group in African countries to the total fertility rate.

Adolescent fertility (15-19 years) seems to be considerable in most of the countries studied with a contribution of 10 to 15 per cent to the total fertility rate; such percentages show how precocious the tempo of fertility is in those countries; the exceptions are Rwanda and Tunisia where adolescent fertility accounts for only a small proportion of the total fertility rate of the order of two to three per cent.

If the contribution to recent fertility of the two other major age groups (20-29 years and 30-49 years) is now considered, it is noticed that in most of the countries, women between 20 and 29 years of age and those between 30 and 49 years of age contribute roughly the same proportions, about 45 per cent, to current fertility. The countries concerned are: Benin, Lesotho, Mauritania, Nigeria, Senegal, the Sudan and Zimbabwe. On the other hand, in countries such as Cameroon, Egypt and Morocco the contribution of intermediate age group (20-29 years) is considerably higher, between 45 and 51 per cent, while the contribution of women who are 30 years old and over is much higher in the group of countries comprising Botswana, Chana, Kenya, Rwanda and Tunisia: it is even as high as 52 per cent in Tunisia and 64 per cent in Rwanda. The no-explanation has yet been found for this in Rwanda, but the considerable contribution of women who are 30 and over in Tunisia might be because of the change in that country's tempo of fertility.

In a nutshell, the contribution of the various age groups to fertility shows that Africa still has a classical fertility tempo pattern where women continue to reproduce until they approach 45.

3. Recent and probable trends in fertility

It is difficult to make a definite statement on general fertility trends in most of the African countries because the data available are inadequate in terms of quantity and quality. It should, however, be recognized that WFS type of data have been considerably useful in analysing fertility trends; however, because of distortions caused by omissions and poor dating of events, such analysis will be restricted to the 20-year period preceeding each national survey.

Table A3 shows recent developments in fertility (measured by the cumulation of fertility rates up to the 30-34 age group by periods of five year) in 14 African countries that have fertility data based on the WFS model.

With respect to the general trends in fertility, a look at the data shows that fertility has not changed during the past 20 years in most of the countries studied. Thus fertility seems to have been stationary during the period of reference in Benin, Côte d'Ivoire, Ghana, Kenya, Lesotho, Mauritania, Rwanda and Senegal.

On the other hand, fertility trend seems to be downward in the three Arab countries included in the study, namely: Egypt, Morocco and Tunisia. The current fertility of women aged between 30 and 34 year thus decreased by about one child between the 15-19 year period and the five-year period prior to each one of the surveys. Such a drop in fertility was attributed to the rise in age at first marriage, the decline in legitimate fertility rates and the use of "modern" methods of contraception 3/.

3/ United Nations, ECA, Population Growth and Assessment of Family Planning Programmes in Africa, Addis Ababa, February

In Cameroon, there appears to have been a recent rise in fertility levels. Such increases in fertility should be expected in other African countries such as the Congo, Gabon, Zaire, the Sudan and the Central African Republic where there are pockets of high sterility as in Cameroon. The rise in fertility will be the outcome of a combination of many factors such as the drop in primary sterility and the drop in intra-uterine mortality linked to the development of basic health care and the improvement in the standards of living of the people 4/.

Apart from such specific data, the continent's adolescent fertility (below 20 years) seems to be declining. Data are lacking to confirm this trend which should, however, be realistically as a result of the objectives pursued by African Governments, such as urbanization and modernization, wide-spread education, the development of female employment and the improvement of the economic role and social status of women.

The decline in fertility at young ages will probably not result in a decline in completed fertility. Indeed, in countries where such a decline has been observed, it has been accompanied by a rise in fertility at the oldest age brackets; this rise is linked to the reduction in the intervals between successive births and the rise in the age at monopause with the completed fertility remaining roughly the same.

4. Determinants of fertility

Demographic literature contains many studies on the social, cultural or religious factors to determine the levels and trends of fertility.

Thus, the high levels of fertility prevailing in Africa might be the outcome of a preference for a large number of children particularly boys; early and almost universal marriage; the low level of instruction of women; the occupational status of women which does not hamper their reproductive role and of economic contribution expected and desired of children 5/.

The findings of the World Fertility Survey shows the considerable efforts that need to be made with respect to campaigns to encourage people to have smaller families. According to the findings, about 80 per cent of married and fertile women in Africa want to have additional children, have never used contraception and do not intend to use contraception in future.

Although the levels of fertility observed in Africa are high according to most standards, they are well below the biological maximum, ie, the levels that would have been attained if reproduction was not controlled by natural means, pathological causes or simply by human decisions or actions.

Although it is unrealistic to draw up a pattern of the continent's reproductive behaviour because of the extreme diversity of cultures in Africa, some broad generalizations can be made on variables for controlling fertility in African countries.

4/ United Nations, ECA, Fertility Levels, Trends and Factors in Cameroon, Kenya and Senegal, Addis Ababa, February 1985.

Since in most cases very few modern means of fertility regulation are used, the essential factors of fertility control on the continent are mainly the result of traditional fertility control mechanisms. These are prolonged breast feeding, prolonged sexual abstinence after childbirth, abstinence from sexual intercourse (caused for example by separation of the married couple: labour migration, divorce, widowhood, polygamy) an earlier end to fertile life as a result for exemple of no longer having sexual relations after becoming a grandmother

These natural fertility control factors are mainly responsible for maintaining the levels of reproduction in Africa at 6 to 7 births per woman which is well below the potential fertility of arcund 15 to 16 births per woman 6/.

5. Conclusion

Studies on fertility levels and trends have invariably led to the conclusion that fertility will remain high and stable in most African countries while it might even probably increase in others. The result will be a rise in the proportion of young people which in itself is a factor for accelerating the future population growth of the continent.

Many factors have determined the fertility levels and trends observed in Africa; one of the most crucial of these appears to be the pro-natalist attitude of Africans.

African Governments recognized in the Kilimanjaro Plan of Action on Population (Arusha, 1984) that the levels of fertility on the continent are one of the most serious demographic problems that currently hamper the development of the African region.

It is, therefore, recommended that African Governments should seek appropriate solutions to the continent's demographic problems and give priority to drawing up a coherent population policy in order to attain growth rates that are in line with the objectives of economic growth and social development. The Kilimanjaro Plan of Action is explicit on this point since in the definition of principles and objectives it requests African Governments "to promote the formulation and implementation of comprehensive population policies which provide lasting solutions to the major problems of high mortality and fertility, uneven population distribution, growing unemployment, stagnation of living standards and unequal income distribution".

With specific reference to policies aimed at reducing fertility in Africa, it is recommended that African Governments should adopt the following specific measures:

6/ Bongaart (J), 1982 - The Proximate Determinants of Natural Fertility In Determinants of Fertility in Developing Countries - A Summary of Knowledge - Buffalo et Lee Eds - National Academy Press, Washington.

(a) Improving the social status and economic role of women by developing particularly wage-earning employment for women in urban areas and carrying out at the same time a vigorous policy of economic reforms for the benefit of rural women;

(b) Embarking upon publicity campaigns to upgrade traditional fertility control methods in particular encouraging a return to prolonged breast feeding;

(c) Increasing the age at first marriage for both women and men and;

(d) Waging publicity campaigns with respect to the notion of "responsible parenthood" and encouraging the use of «modern» methods of contraception to bring about a decline in legitimate fertility.